



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



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STEVEN AFRIAT
PRESIDENT

RENÉE CAMPBELL
VICE-PRESIDENT

SARA VASQUEZ
SECRETARY

JAMES BARGER
COMMISSIONER

SHAN LEE
COMMISSIONER

November 25, 2013

David James Smith
Those Guys, LLC
595 Venice Boulevard
Venice, CA 90291

HEARING ON APPLICATION FOR WATER TAXI OPERATOR **BUSINESS LICENSE ID #140618**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, December 11, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

4th

Hearing Date: 12/11/13

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :XXXXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:XXXXXX
2ND PUBLISHING DATE:XXXXXX
3RD PUBLISHING DATE:XXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

WATER TAXI OPERATOR

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:4335 MARINA CITY DR #403
MARINA DEL REY, CA 90291
NAME OF APPLICANT:THOSE GUYS, LLC
DAVID JAMES SMITH
THOSE GUYS, LLC
DATE OF HEARING:12/11/2013
TIME OF HEARING:09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **4335 MARINA CITY DR E403, MARINA DEL REY, CA 90291**

TELEPHONE:

OWNER OF BUSINESS: **DAVID JAMES SMITH**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THOSE GUYS, LLC**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
• <input checked="" type="checkbox"/> 2. Risk Management	YES	10/25/13	dmiles
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
• <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	11/04/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
• <input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/12/13	dmiles

Conditions:

Application for Business License



Please note: *Business License fees are NOT refundable*

Fee: \$_____

ID # 140618


BUSINESS INFORMATION

Type of Business: <u>Water Taxi Operator (1573)</u> <u>(1) Water Taxi (1574)</u> <u>Boat Charter</u>		Address of Business: _____ Business Telephone: <u>310-433-7751</u>	
DBA (Business Name): <u>Those Guys, LLC</u>		Mailing Address: _____	
Sellers Permit # (State Board of Equalization): _____		<u>4335 MARINA CITY DR E 403</u> <u>Marina Del Rey, CA 90291</u>	
Business Ownership Structure: _____		Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/>	
If LLC or Corporation, the information below is required:			
Date of Incorporation: <u>03-10-2007</u>		Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Those Guys, LLC</u>			
Names of Officers		Addresses	Titles
<u>David Smith</u>			<u>CEO/Manager</u>
<u>Briana Smith</u>			<u>Member</u>
<u>Barry Moser</u>			<u>Agent for Service of Process</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>David James Smith</u>			
Home Address: _____			
Home Telephone: _____		Cell Phone: _____	Email address: <u>sonylighting@mac.com</u>
Social Security #: _____		Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: <u>2-002--</u> Expiration Date: <u>8/1/</u>			
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Height _____ Weight _____ Hair Color _____ Eye Color _____			

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8/7/13 Applicant's Signature: 

Application taken by: Steven Date: 8/7/13

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline
1-800-544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **4335 MARINA CITY DR E403, MARINA DEL REY, CA 90291**

TELEPHONE: **(310) 433-7751**

OWNER OF BUSINESS: **DAVID JAMES SMITH**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THOSE GUYS, LLC**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**RISK MANAGEMENT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: Kerry Fuse

DATE: 10/22/2013

BASIC LICENSE NO. **1573**

DATE **08/08/13**

IDENTIFICATION NUMBER **140618**

**JUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: 4335 MARINA CITY DR E^{SLIP}403, MARINA DEL REY, CA 90291

TELEPHONE: (310) 433-7751

OWNER OF BUSINESS: **DAVID JAMES SMITH**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THOSE GUYS, LLC**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 11-4-13

BASIC LICENSE NO. **1573**

DATE **08/08/13**

IDENTIFICATION NUMBER **140618**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4335 MARINA CITY DR E403, MARINA DEL REY, CA 90291

TELEPHONE: (310) 433-7751

OWNER OF BUSINESS: DAVID JAMES SMITH

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THOSE GUYS, LLC

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: WJP 53617 DATE: 8/9/13

BASIC LICENSE NO. 1573

DATE 08/08/13 2/8

IDENTIFICATION NUMBER 140618

Faxed TTC 8/9